

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045543

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11423

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. CITY

Saint Louis

Inside Limits

Yes ☒ No ☐

OR TOWN

Saint Louis

35 years

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

DOA

Homer G. Phillips Hospital

Yes ☒ No ☐

1708 North 14th Street

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

(Type or print)

Theodore

Harvey

11 - 16 - 1963

5. SEX

Male

6. COLOR OR RACE

Colored

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

6-8-1928

35 years

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Saint Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Charles Harvey Sr.

Annie Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes or unknown) ☒ If yes, give war or dates of service

Korean War

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Charles Harvey-2431 Dickson St. Apt. 1111

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shock, Hemothorax, right; Fractured Skull; suffered when car operated by deceased struck truck operated by one, Andrew Vintermealia, at 342nd and Cass Ave; about 12:45 AM on November 11, 1963.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

accident 8/11-1963

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

Hour Month, Day, Year

12:45 p.m.

11-16-63

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis, Mo.

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Joseph M. Tamm

1300 Clark

11-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-22-1963

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Lowe's Funeral Home-2930 Dickson Street

NOV 19 1963

Joan Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leroy W. Bonniester

Licensed Embalmer No.

4523

P. O. Address

4251 WASHINGTON

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.